

STD 262 (REV 10/92)

CLAIMANT'S NAME			SSAN OR EMPLOYEE NUMBER		DEPARTMENT	
Clark Blanchard					Governor's Office	
POSITION		CB/ID NUMBER	DIVISION OR BUREAU			INDEX NUMBER
Director of Advance			Advance			
RESIDENCE ADDRESS			HEADQUARTERS ADDRESS			TELEPHONE NUMBER
			State Capitol			
CITY	STATE	ZIP	CITY	STATE	ZIP	
			Sacramento	CA	95814	

MONTH YEAR		LOCATION WHERE EXPENSES WERE INCURRED	LODGING	MEALS			INCIDENTALS	TRANSPORTATION					BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY
DATE	TIME			BREAKFAST	LUNCH	DINNER		COST OF TRANS	TYPE USED	CARFARE, TOLLS, PARKING	PRIVATE CAR USE			
											MILES	AMOUNT		
21-Mar	7 00 AM	Sac/Hinkley	94.50		8.70	18.00		319.40	Air	9.00	16	8.00		457.60
22-Mar	7.30 PM	Hinkley/Sac				9.58	6.00			9.00	12	6.00		30.58
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
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												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
SUBTOTALS			94.50	0.00	8.70	27.58	6.00	319.40	0.00	18.00	28	14.00	0.00	
COLUMN CODE (ACCTG. USE ONLY)														
CLAIM TOTAL													\$488.18	

PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts when required)

21-Mar: Advance for Governor's visit to NextEra Solar for tour and bill signing event.

NORMAL WORK HOURS

PRIVATE VEHICLE LICENSE NUMBER

5PGJ014

MILEAGE RATE CLAIMED

0.5

AGENCY ACCOUNTING OFFICE

USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used and if mileage exceeds the minimum rate, I certify the cost of the operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt.

CLAIMANT'S SIGNATURE

SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT

DATE _____

SIGNATURE OF TITLE OF AUTHORITY FOR SPECIAL EXPENSES

DATE _____